APPLICATION FOR INSTITUTIONAL AFFILIATION

(To be filled by the Head/Authorized Representative of the Applicant Institution)

1. 2.	Name of the Institution: Full Address:												
3.	Di	District:						PIN:					
4.	Pł	Phone No.:			M	Mobile No.:							
5.	O	Official Email ID:											
ectio	n B	– Leg	al Stat	us of	the Inst	itution							
7									-	_			
7.) Tr	ust		Society		Private	Limited	Company		Other	(Sp	pecify):
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Section D – Infrastructure and Faculty

Library: 🖵 Yes 🖵 No

18. ICT/Computer Lab Available: U Yes U No

19. Faculty/Trainers Proposed (Attach separate sheet in prescribed format):

Total No.: _____ Qualified as per ODLC norms: _____

Section E – Declarations

20. Has the institution ever been de-affiliated/blacklisted by any board/university/regulator?

21. Documents Attached (Tick all that apply):

- □ Registration Certificate of Trust/Society/Company
- PAN Card
- Address Proof
- Infrastructure Declaration
- Faculty Profiles
- Undertaking on Letterhead/Stamp Paper
- Photographs of Premises
- Any Previous Academic Affiliation Proof

Section F – Declaration by the Head of the Institution

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that submission of this form does not guarantee affiliation and the decision of ODLC will be final and binding. I also undertake to abide by all rules, guidelines, and conditions laid down by ODLC and any changes made thereto from time to time.

Place: _____ Date: _____

Name of the Applicant:	
Designation:	
Signature:	_
Official Seal of the Institution	